



TOWN OF DAVIE  
MARCH 9, 2010  
GENERAL INFORMATION SHEET

RCVD JAN 4 '10

ALL DOCUMENTS FILED WITH THE TOWN CLERK'S OFFICE  
WILL BE PLACED ON THE TOWN'S WEBSITE

Candidate's Name Freda Stevens District: 23 4  
Circle One  
Residency Address 4140 SW 70 Terrace Davie, Florida 33314  
Have you resided at the above address six months or more? Yes ☒ No ☐  
Mailing Address 4611 S. University Drive Suite 406 Davie, Fl. 33328  
(if different from residency address)  
Telephone: Home (954) 636-1942 Work (954) 594-9567 Cell \_\_\_\_\_  
E-Mail Address freda@fredastevens.com  
Date of Birth 8/28/1972  
Occupation Small Business Owner / Consultant  
Spouse's Name Dave Stevens  
Campaign Treasurer Freda Stevens Telephone (954) 247-4675  
Deputy Treasurer \_\_\_\_\_ Telephone \_\_\_\_\_

At time of qualifying, the following must be filed with the Town Clerk:

Form #	Title of Form
<input checked="" type="checkbox"/> DS-DE9	Appointment of Campaign Treasurer and Designation of Depository (if not already filed)
<input checked="" type="checkbox"/> DS-DE84	Statement of Candidate
<input checked="" type="checkbox"/> DS-DE25	Loyalty Oath and Oath of Candidate
<input checked="" type="checkbox"/> CE Form 1	Statement of Financial Interests (for incumbents, a copy of the 2008 Form 1 filed July 1, 2009 is acceptable - F.S. 99.061(7)(a)6.)
<input checked="" type="checkbox"/> \$497.25 Filing Fee	Check must be written from the campaign account made payable to the Town of Davie (the filing fee includes the \$372.94 qualifying fee and the \$124.31 election assessment fee)
<input checked="" type="checkbox"/>	Acknowledgement of Notice of Logic and Accuracy Test
<input checked="" type="checkbox"/>	Notice of Candidacy

RETURN THIS PAGE TO THE TOWN CLERK WITH YOUR QUALIFYING PAPERS

STATE OF FLORIDA  
APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES  
(Section 106.021(1), F.S.)

OFFICE USE ONLY

RCVD DEC 2 '09

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

☒ Original Appointment ☐ Deputy Treasurer ☐ Reappointment of Treasurer ☐ Secondary Depository

Name of Candidate: Freda Sherman Stevens  
1. Address (include post office box or street, city, state, zip code): 4140 SW 70 terrace Davie, Florida 33314  
Telephone (optional): (954) 247-4885  
2. Party (Partisan candidates only):  
3. Office (add district, circuit, group number): Davie Town Council Dis. 2

I have appointed the following person to act as my ☒ Campaign Treasurer ☐ Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer

Freda Stevens

5. Mailing Address (If post office box or drawer add street address): 4611 S. University Dr. Ste 406  
6. Telephone: (954) 594-9567

7. City: Davie  
8. County: Broward  
9. State: Florida  
10. Zip Code: 33328

I have designated the following named bank as my ☒ Primary Depository ☐ Secondary Depository

11. Name of Bank: TD Bank  
12. Street Address: 5943 Stirling Rd  
13. City: Davie  
14. County: Broward  
15. State: Florida  
16. Zip Code: 33314

17. Signature of Candidate:  Date: 12/2/2009

Campaign Treasurer's Acceptance of Appointment

I, Freda Sherman Stevens, do hereby accept the appointment as  
(Please Print or Type)

☒ Campaign Treasurer ☐ Deputy Treasurer for the campaign of Freda Sherman Stevens

who is seeking nomination or election as a candidate to the office of

Town Council Dis. 2 (Party) Broward

As a duly registered voter in

County, Florida, I am qualified to accept this appointment.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S  
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

12-2-2009

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

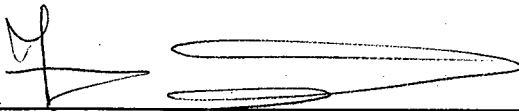
RCVD DEC 2 '09

I, Freda Sherman Stevens,

candidate for the office of Davie Town Council Dist.

have received, read and understand the requirements of Chapter 106,  
Florida Statutes.

X



Signature of Candidate

12-2-2009

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

**LOYALTY OATH FOR  
NON-PARTISAN OFFICE**

(Sections 876.05-876.10, Florida Statutes)

OFFICE USE ONLY

RCVD JAN 4 '10

STATE OF FLORIDA

Broward COUNTY

I,

freda  
First Name

N.  
Middle Name/Initial

Sherman Stevens  
Last Name

a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I,

freda Sherman Stevens

(PLEASE PRINT NAME AS YOU WISH IT TO BE WRITTEN IN ON THE BALLOT --- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of

Davie Town Council

2

(office)

My legal residence is

4140 SW 70th Avenue Davie, 33314

(district)

Broward (group)

County, Florida. I am qualified

under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected. I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

X

[Signature]

1954-594-9567 freda@fredastevens.com

Signature of Candidate

Daytime Telephone Number

Email Address

4140 SW 70th Avenue Davie, Florida 33314

Address

City

State

ZIP Code

Sworn to (or affirmed) and subscribed before me this

4th

day of

January 2010

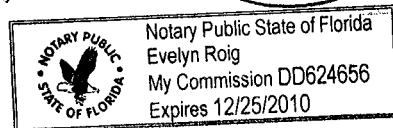
Personally Known: ☒ or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

[Signature]  
Signature of Notary Public - State of Florida

Print, Type or Stamp Commissioned Name of Notary Public



Please print or type your name, mailing address, agency name, and position below:

## FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME:

*Sherman Stevens, Freda*FOR OFFICE  
USE ONLY:

MAILING ADDRESS:

*4611 S. University Dr. Ste 406**Davie, FL 33328 Broward*

CITY:

ZIP:

COUNTY:

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

ID Code

ID No. *RCVD JAN 4'10*

Conf. Code

P. Req. Code

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE**\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\***

## DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):

☒ DECEMBER 31, 2008 *2009 63* OR☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

## MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS

OR

☒

DOLLAR VALUE THRESHOLDS

## PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
<i>Self Employment</i>	<i>4611 S. Univ. Dr. Ste 406</i>	<i>Educ. Assoc. / Consul.</i>

## PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
<i>GAACS</i>	<i>Clients</i>	<i>throughout Florida</i>	<i>Educ. Assoc. / Consulting</i>

## PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]


FILING INSTRUCTIONS for when  
and where to file this form are located  
at the bottom of page 2.INSTRUCTIONS on who must file  
this form and how to fill it out begin  
on page 3.OTHER FORMS you may need to  
file are described on page 6.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

**PART E — LIABILITIES** [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

Sallie Mae

PO BOX 9532 Wilkes - Bar PA 18773-9532

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses]

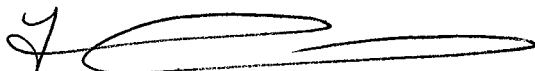
BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF  
BUSINESS ENTITYADDRESS OF  
BUSINESS ENTITYPRINCIPAL BUSINESS  
ACTIVITYPOSITION HELD  
WITH ENTITYOWN MORE THAN A 5%  
INTEREST IN THE BUSINESSNATURE OF MY  
OWNERSHIP INTERESTIF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required):



DATE SIGNED (required):

11/4/2010

**FILING INSTRUCTIONS:****WHAT TO FILE:**

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

**NOTE:****MULTIPLE FILING UNNECESSARY:**

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

**WHERE TO FILE:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

**State officers or specified state employees** file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

**Candidates** file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**WHEN TO FILE:**

**Initially**, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** for publicly-elected local office must file at the same time they file their qualifying papers.

**Thereafter**, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

**Finally**, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

**LOGIC AND ACCURACY TEST  
ACKNOWLEDGEMENT**

I hereby acknowledge that I have received notification of the time and place for the Logic and Accuracy Test for the March 9, 2010 election. This acknowledgement is pursuant to F.S.S. 101.5612.

DATE: March 3, 2010\*

TIME: 2:00 p.m.

PLACE: Voting Equipment Center II  
(entrance on the west side of the Lauderhill Mall)  
1501 NW 40 Avenue  
Lauderhill, Florida

1/4/2010  
Date

[Signature]  
Candidate

[Signature]  
Witness

\*tentative - should the date and time be amended, the candidate will be notified



TOWN OF DAVIE  
MARCH 9, 2010  
NOTICE OF CANDIDACY

RCVD JAN 4'10

ALL DOCUMENTS FILED WITH THE TOWN CLERK'S OFFICE  
WILL BE PLACED ON THE TOWN'S WEBSITE

Candidate's Name Freda Sherman Stevens Date 1/4/2010  
(name as it is to appear on ballot - please print)

Residency Address 4140 SW 70 terrace Davie, FL 33314

The undersigned is qualified to be a member of the Town Council of the Town of Davie, Florida and states:

1. I am a qualified elector of the State of Florida and the Town of Davie.
2. Have you resided at the above address six months or more? Yes ☒ No ☐
3. I shall not, as a Councilmember, hold any other elected public office.
4. I am otherwise qualified to be Councilmember in the Town of Davie.
5. I have paid a \$497.25 filing fee to the Town Clerk (\$372.94 qualifying fee and \$124.31 election assessment) (check from campaign account made payable to the Town of Davie)
6. I have read and understand the provisions in the Town's Charter concerning Council qualifications.
7. I have read and will comply with all provisions of Chapter 106, Florida Statutes.

Candidate for District: (2) 3 4  
Circle One

Signature: [Signature]

Print Name: Freda Sherman Stevens

Address: 4140 SW 70 terrace  
Davie, Florida 33314

I hereby certify that this Notice of Candidacy form was filed with me on the 4th day of January 2010.

[Signature]  
Town Clerk or Qualifying Officer

RETURN THIS PAGE TO THE TOWN CLERK'S OFFICE WITH YOUR  
QUALIFYING PAPERS AND SIGN IT IN THE PRESENCE OF THE  
TOWN CLERK OR QUALIFYING OFFICER



**STATEMENT OF ETHICAL CAMPAIGN PRACTICES**  
**(Broward County Ordinance 2000-06)**

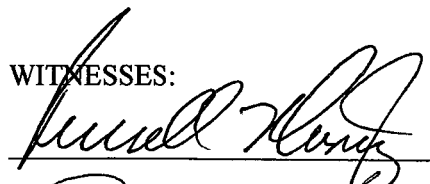
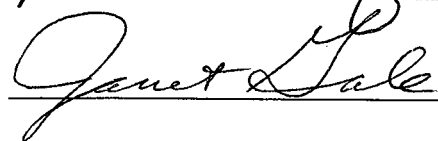
RCVD JAN 7 '10

As a candidate for public office in Broward County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore:


1. I shall not make my race, color, religion, gender, national origin, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, color, religion, gender, national origin, age, marital status, familial status, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, color, religion, gender, national origin, age, marital status, familial status, physical disability or sexual orientation.
4. I shall not attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement nor shall I tolerate or permit members of my campaign organization to engage in such activities.
6. I shall not tolerate nor permit members of my campaign organization to engage in activities designed to destroy or remove campaign materials or signs lawfully displayed on public or private property.
7. I shall not tolerate my supporters engaging in these activities which I condemn nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group which resorts to the methods and tactics that I hereby condemn.
8. I shall run a positive campaign emphasizing my qualifications for office and my positions on issues of public concerns and I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting an opponent's credibility.
10. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

Executed on this day 7<sup>th</sup> of January, 2010.

WITNESSES:

BY CANDIDATE:

  
Signature  
Freda Shumgra  
(Print name)

STATEMENT OF ETHICAL  
CAMPAIGN PRACTICES  
PAGE 2

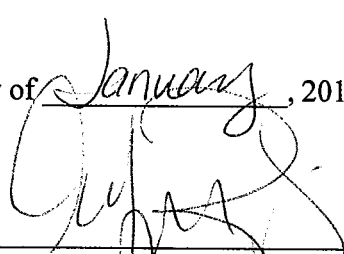
STATE OF FLORIDA )

) SS.

COUNTY OF BROWARD )

The foregoing instrument was acknowledged before me this 7<sup>th</sup> day of January,  
2010, by Freda Sherman Stevens who is personally known to me or who has produced  
\_\_\_\_\_ as identification and who did/did not take an oath.

Witness my hand and official seal, this 7<sup>th</sup> day of January, 2010.

  
\_\_\_\_\_  
Signature of person taking acknowledgment  
[Public Notary, State of Florida]

Evelyn Roig  
\_\_\_\_\_  
Name of person taking acknowledgment  
(typed, printed, or stamped)

My commission expires:

